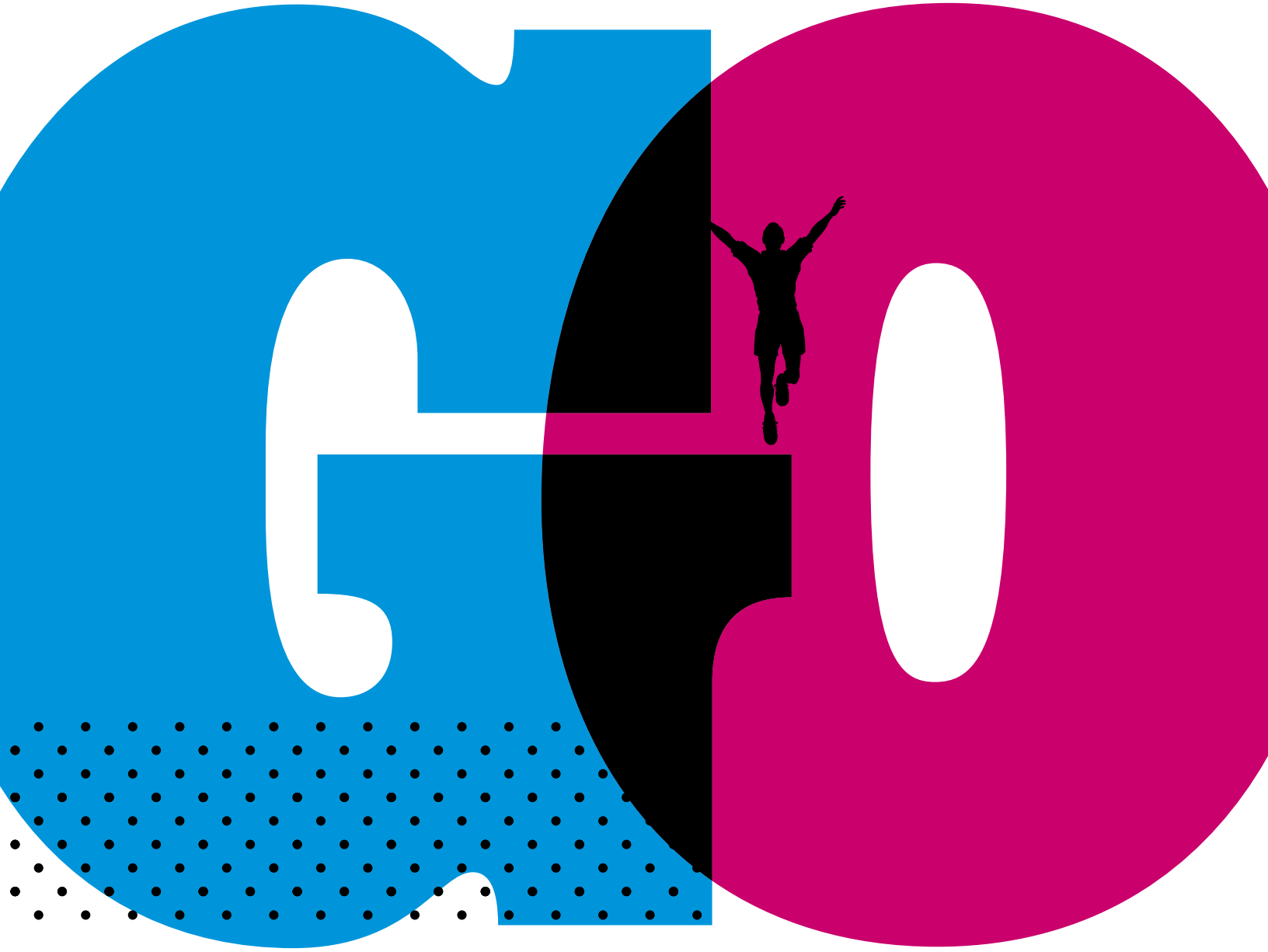
go with



$25 HMO plan
$25 PPO plan
$25 POS plan
$45 HMO plan
$3,500 PPO deductible plan

Effective January 1, 2015

blue of california

HIGHLIGHTS

Go with the plan that's right for you

When you go with Blue Shield of California, you're on your way to quality health coverage, large provider networks, and a wide range of programs and services that help provide the most value from your coverage.

This booklet offers the information you need to choose the right health plan for you and your family.

Plan choices

During the 2015 annual enrollment period, the City of San Jose is offering the choice of the following Blue Shield health plans:

- $25 HMO plan
- $25 PPO plan
- $25 POS plan
- $45 HMO plan
- $3,500 PPO deductible plan

To make it easier to compare the plans, we've included a description of the unique features of each and a benefit features chart on page 8 of this booklet.

$25 and $45 HMO plan

The Access+ HMO® plan offers affordable access to care through the providers in the Blue Shield HMO network.

Choosing a Personal Physician

To enroll in the plan for the first time, simply choose a Personal Physician (primary care physician) and medical group for yourself and each enrolled family member. You can choose different physicians and medical groups for each enrolled family member. Your Personal Physician will treat you and your dependents for many medical conditions, perform preventive care services, and coordinate your other health care, including referring you to specialists and hospitals within your Personal Physician's medical group/IPA.

As a new member, let Blue Shield know which Personal Physician you're selecting by providing the Personal Physician's provider and medical group/IPA numbers. To find this information, see page 11. If selecting a Personal Physician you've already seen, please let Blue Shield know that you're an existing patient.

If you don't select a Personal Physician during enrollment, Blue Shield will automatically assign a Personal Physician. To change your Personal Physician, call Blue Shield Member Services.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**, 7:00 a.m. to 7:00 p.m. PT.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

HOW THE PLAN WORKS ⟶ You can expect fixed copayments for most services, plus no deductible and virtually no claim forms. The HMO plan may be a good choice and a cost-efficient way to maintain your health if you and your family go to the doctor often.

Plan highlights

Here are a few highlights of the services covered by the Access+ HMO plan. For details on copayment amounts and other member share-of-cost, please see the benefit summaries starting on page 17. To find network providers, see page 11.

Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – Access+ *Specialist*℠ makes it easy to self-refer to a specialist within your medical group or IPA for a consultation.* For ongoing care from a specialist, you'll need to get a referral from your Personal Physician.

Mental health and substance abuse care – Blue Shield's mental health service administrator (MHSA) provider network offers inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, plus marriage and family counseling.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. As an HMO member, always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that's not affiliated with your doctor's medical group or IPA, your HMO plan may not cover the services you receive.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's HMO network.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist from the American Specialty Health (ASH) Plans network without a referral from your Personal Physician.

Coverage while traveling – Through the BlueCard® Program, HMO members can access emergency and urgent care services across the country and around the world. What's more, using urgent care services in the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services when rendered and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

Away From Home Care – The Away From Home Care® program gives students, long-term travelers, workers on extended out-of-state assignments, and families living apart the convenience and flexibility of coverage for extended periods across the country. To learn more about Away From Home Care and whether your family is eligible, call your Blue Shield Member Services team. Please note that Away From Home Care is not available in all areas and states, and benefits from the host plan may differ from benefits in the Access+ HMO plan.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

$25 PPO plan
$3,500 PPO deductible plan

By enrolling in a PPO plan, you can receive care from any of the physicians and hospitals within the plan's network, as well as outside of the network for covered services.

If maintaining a relationship with your current doctor is important to you, then the PPO plan may be a good choice since the plan lets you continue seeing your current doctor for most covered services, even if your doctor isn't part of the plan's provider network. Keep in mind that if your physician is not part of the plan's PPO network, you will have to pay more for each visit.

Estimate your medical costs

Blue Shield's Treatment Cost Estimator tool provides PPO plan members with estimates of both the total cost and out-of-pocket expenses for common network medical treatments and services. These estimates provide the transparency and clarity to help you budget and plan for future healthcare expenses.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941**.

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

HOW THE PLAN WORKS →

When you see a network provider for covered services:

- PPO network providers will submit their claims to Blue Shield.
- You pay 100% of the allowed amount for services, except for preventive care, until you meet your calendar-year deductible.
- After you meet the calendar-year deductible amount, you pay a copayment or coinsurance for covered services.

When you see a non-network provider for covered services:

- You pay 100% of the amount billed for covered services until you've met your calendar-year deductible. Only the amount allowed by Blue Shield of California will apply to the deductible accumulation.
- After you meet the calendar-year deductible amount, you pay a copayment or coinsurance for covered services, which is based on Blue Shield's allowable amount, plus any charges above the allowable amount. The additional charges above the allowable amount can be substantial.
- Non-network providers will usually require you to pay 100% of the cost of the service. You will then need to submit a claim along with the itemized bill from your provider to Blue Shield.

Plan highlights

Here are a few highlights of the services covered by the PPO plan. For details on copayment and coinsurance amounts, please see the benefit summaries starting on page 17. To find network providers, see page 11.

Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – You can access care through a specialist without a referral from your primary care physician.

Mental health and substance abuse care – You have access to inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, and marriage and family counseling through Blue Shield's mental health service administrator (MHSA) provider network, Blue Shield's PPO network and non-network providers.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. To find an urgent care center, visit **blueshieldca.com/ucc-ppo**.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's PPO network.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist from the American Specialty Health (ASH) Plans network without a referral from your primary care physician.

Accessing care away from home – Through the BlueCard® Program, you have access to care across the United States and urgent and emergency care around the world. You can receive urgent care services from any provider; however, using a provider in the BlueCard Program can be more cost-effective and may eliminate the need for you to pay for the services when they are rendered and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

$25 POS plan

The Added Advantage POS℠ plan offers you the freedom to choose which doctor you see from our broad HMO and PPO provider networks.

The plan combines the predictable out-of-pocket costs of an HMO plan with the greater flexibility of a PPO plan when you access care. When you access care, you can choose to see your Personal Physician, a network PPO doctor, or a non-network doctor.

With the Added Advantage POS plan, you can access covered services from three levels of care:

Level 1: Your "HMO level" of benefits

Your Level 1 benefits provide you with the highest level of benefits, i.e., full plan benefits at the lowest out-of-pocket cost to you. However, you will only be covered under Level 1 when care is provided by your Personal Physician or any provider authorized by your Personal Physician.

There is an exception: Under Level 1 benefits, women are allowed to self-refer for one annual OB/GYN appointment when they select an OB/GYN who is in the same medical group/Independent Practice Association (IPA) as their Personal Physician. But in most cases, using your Level 1 benefits through your Personal Physician will give you the lowest out-of-pocket costs.

Level 2: Your "PPO level" of benefits

Under your Level 2 benefits, you can see any doctor or specialist in the Blue Shield PPO network without a referral from your Personal Physician for selected outpatient services. When you use this option, your share of costs will be higher than with Level 1, and you will be responsible for applicable copayments or coinsurance.

Level 3: Your "non-network level" of benefits

You can choose to see any doctor or specialist that is not in the Blue Shield network; however, your share of costs will be higher than with Level 1 or Level 2. Typically, you will have to pay a coinsurance amount as well as the difference between the non-network provider's cost and the amount Blue Shield allows for that service.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941.**

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

You have the option to visit either your HMO Personal Physician or a PPO or non-PPO provider each time you access care. Costs depend on which type of provider you choose. Costs are lower when you use your HMO Personal Physician rather than PPO or non-PPO providers. You pay less to see a PPO provider than to see a non-PPO provider. And for covered services from a non-PPO provider, you pay the plan's calendar-year deductible, the applicable copayment plus any charges that exceed Blue Shield's allowable amount.

Choosing a Personal Physician

When you enroll in the plan for the first time, you will need to choose a Personal Physician (primary care physician) and medical group for yourself and each enrolled family member. You can choose different physicians and medical groups for each enrolled family member. Your Personal Physician will treat you and your dependents for many medical conditions, perform preventive care services, and coordinate all of your other health care, including referring you to specialists and hospitals within your Personal Physician's medical group/IPA.

As a new member, you will need to let Blue Shield know which Personal Physician you are selecting by providing Blue Shield with your Personal Physician's provider and medical group/ Independent Practice Association (IPA) numbers. To search for a Personal Physician and find this information, see page 11. If you are selecting a Personal Physician you have already seen, please let Blue Shield know that you are an existing patient.

If you do not select a Personal Physician when you enroll, Blue Shield will automatically assign a Personal Physician to you and your enrolled family members. To change your personal physician, call Member Services.

Plan highlights

Here are a few highlights of the services covered by the POS plan. For details on copayment amounts, please see the benefit summaries starting on page 17. To find network providers, see page 11.

Preventive care – Provides access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – You can access care through your Level 1 benefits at the lowest out-of-pocket cost to you, but you are required to first get a referral from your Personal Physician. You also have the option to see any specialist in the Blue Shield PPO network using your Level 2 benefits without a referral from your Personal Physician for selected outpatient services; however, your share of costs will be higher.

Mental health and substance abuse care – You have access to inpatient and outpatient mental health and substance abuse care for issues such as depression, alcohol/drug abuse, mental illness, and marriage and family counseling. If you choose to access care using your Level 1 or Level 2 benefits, then you will only have access to Blue Shield's mental health service administrator (MHSA) provider network. You will also pay less and receive higher benefit coverage than if you use your Level 3 benefits by going to a non-network provider.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. To use your Level 1 benefits, you should first call your doctor's office for instructions and help locating the nearest urgent care center. Care received at an urgent care center that is not affiliated with your doctor's medical group or IPA will be covered under either Level 2 or Level 3 of your benefits, depending on where you go.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's HMO or PPO network.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist from the American Specialty Health (ASH) Plans network without a referral from your Personal Physician.

Coverage while you are traveling – Through the BlueCard® Program, you and your eligible family members have access to care across the United States and around the world. If you use your Level 1 benefits, you and your covered family members have access to BlueCard providers only for urgent or emergency medical needs or authorized medical follow-up care. You can use your Level 2 and Level 3 benefits to access care through BlueCard providers for all covered services. Please note that you are not required to access a BlueCard provider for care; however, using the BlueCard Program can be more cost-effective and may eliminate the need for you to pay for the services when they are provided and submit a claim for reimbursement. For complete information on covered services while traveling, please see your *Evidence of Coverage and Disclosure* (EOC&D).

Compare **plan features**

	HMO plans	PPO plans	
		NETWORK	NON-NETWORK
Out-of-pocket costs 	Pay a copayment for covered services.	Pay a copayment or coinsurance for covered services. (Calendar-year deductible may apply.)	After calendar-year deductible is met, pay a percentage of costs and all costs above the allowable amount.
Choosing a doctor 	Select a Personal Physician to coordinate all your medical care. You cannot go outside the Blue Shield network except in emergencies	Visit any PPO network physician.	Visit any non-network physician, pay for the services, and submit claims to Blue Shield.
Access to specialists 	Get a referral from your Personal Physician or self-refer to specialists within your Personal Physician's medical group or IPA for a higher copayment.*	Visit any PPO network specialist; no referral is required.	Visit any non-network specialist and submit claims to Blue Shield. No referral is required.

POS plan

LEVEL 1 (HMO)	LEVEL 2 (NETWORK)	LEVEL 3 (NON-NETWORK)
Pay a copayment for covered services.	Pay a copayment or coinsurance for covered services. (Calendar-year deductible may apply.)	After calendar-year deductible is met, pay a percentage of costs and all costs above the allowable amount.
Select a Personal Physician to coordinate all your medical care. You cannot go outside the Blue Shield network except in emergencies.	Visit any PPO network physician.	Visit any non-network physician, pay for the services, and submit claims to Blue Shield.
Get a referral from your Personal Physician or self-refer to specialists within your Personal Physician's medical group or IPA for a higher copayment.*	Visit any PPO network specialist; no referral is required.	Visit any non-network specialist and submit claims to Blue Shield. No referral is required.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

Pharmacy benefits

We want you to get the most from the pharmacy benefits in your Blue Shield health plan.

Below is helpful information to get started with your pharmacy benefits.

To learn more, go to **blueshieldca.com** and visit our site's *Pharmacy* section. You'll discover helpful services, tools, and programs including:

- **Pharmacy Tools** – Our new Pharmacy Tools section offers easy, quick, and secure access to: up to 24 months of pharmacy claims information, plan-specific drug pricing, pharmacy locations, drug condition and interaction information, and more. To access these tools, you will need to log in to **blueshieldca.com**.
- **Plus Drug Formulary** – If you're currently taking a medication, check the Blue Shield Drug Formulary to see if your medication is in our list of preferred prescription drugs. If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team for personal assistance or to request a copy of our formulary.
- **Prescriptions by mail** – If you take stabilized doses of covered long-term maintenance medications for conditions such as diabetes, it's easy to order a mail-service refill of up to a 90-day supply. You may save money on your copayment, with no charge for shipping.
- **Ask the pharmacist** – As a member, simply submit your question to pharmacists at the University of California, San Francisco, and receive a confidential answer online within two days. Or browse the top questions and search an archive of answers. To use this feature, you will need to log in to **blueshieldca.com**.

If you have any questions, simply contact your Blue Shield Member Services team at **(800) 872-3941** for personal assistance from 7 a.m. to 7 p.m. PT, Monday through Friday.

Find a network provider

Blue Shield's networks are some of the largest in California.

The HMO network has more than 40,000 physicians and 300 hospitals, and the PPO network includes more than 70,000 physicians and 350 hospitals.

Search for a network provider in California

HMO and PPO network providers

- It's fast and easy to find a network provider online:
  - For HMO providers, go to **blueshieldca.com/networkhmo**.
  - For PPO providers, go to **blueshieldca.com/networkppo**.
- Then, select the type of provider that you are searching for.
- Click on *Advanced Search* to further filter your search, such as by name, specialty, facility type, and more.
- When searching for an HMO personal physician, select "HMO Personal Physicians" as the doctor type. Then, click on the physician's name to find the provider number and medical group/IPA number (needed when you enroll in the Access+ HMO plan for the first time.)
- Enter your city and state or ZIP code, then click *Find now*.

Search for a point-of-service network provider online

You can easily access quality scores, efficiency indicators, patient satisfaction scores, and cost information for many individual physicians, HMO medical groups, and hospitals. To see a provider's performance profile, simply click on the name of the doctor, HMO medical group, or hospital from your search results.

- Go to blueshieldca.com/findaprovider.
- Next to "Select a plan," click on the *Select* button.
- Under "Medical Plan," choose *Point of Service*.
- Choose the network you would like to search by selecting *HMO* or *PPO* and click *Done*.
- Select the type of provider that you are searching for.
- Click on *Advanced Search* to further filter your search, such as by name, specialty, facilty type, and more.
- Enter your city and state or ZIP code, then click *Find now*.

Get results as a PDF

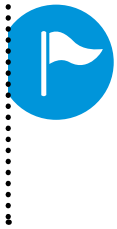
- **Create a PDF of your search results:**

  Follow the steps to find a network provider in the previous paragraph and select *Get results as PDF* in the upper right corner of the screen. Then follow the instructions to download or have the listing emailed to you in a PDF format.

- **Create a PDF directory by county or ZIP code:**

  Go to **blueshieldca.com/networkhmo** or **blueshieldca.com/networkppo**, and select *Directory Online* (on the left side of the page) and follow the instructions.

If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team at **(800) 872-3941** for personal assistance or to request a provider directory. If you have any questions, contact your Blue Shield Member Services.



Search for a network provider outside of California

Within the United States

- Go to **provider.bcbs.com**.
- Enter the first three letters of your member ID or XEH.
- Search by *Keyword* or by *Specialty*.
- Enter a location and a radius to search by (default is 5 miles).
- Click on *Go*.

Outside of the United States

- Go to **bluecardworldwide.com**.
- Accept the terms and conditions.
- Enter the first three letters of your member ID or XEH.
- Click *Login*.

Find out your provider's quality of care rankings

You can easily access quality scores, efficiency indicators, patient satisfaction scores, and cost information for many individual physicians, HMO medical groups, and hospitals.

To see a provider's performance profile, follow the steps above to find a provider and then click on the name of the doctor or hospital from your search results.

Going with Blue Shield means added programs and services

Condition management programs

These programs offer nurse support as well as education and self-management tools for members with asthma, diabetes, coronary artery disease, heart failure, and chronic obstructive pulmonary disease.

LifeReferrals 24/7

Call anytime to talk with a team of experienced professionals ready to assist you with personal, family, and work issues. Get referrals for three face-to-face visits (in a six-month period) with a licensed therapist at no cost to you. The LifeReferrals 24/7SM phone number is located on the back of your Blue Shield member ID card.

NurseHelp 24/7

Speak with registered nurses anytime, day or night, and get answers to your health-related questions, or go online to have a one-on-one personal chat with a registered nurse anytime. The NurseHelp 24/7SM phone number is conveniently located on the back of your member ID card.

Prenatal Program

This program gives expectant parents 24/7 phone access to experienced maternity nurses as well as prenatal information including a popular pregnancy or parenting book at no additional cost. Some materials are also available in Spanish.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(800) 872-3941.**

Visit **blueshieldca.com/cityofsanjose** to find providers, review medical benefits, and more.

Download the Blue Shield Mobile app for iPhone or Android at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

Wellness discount programs

Blue Shield offers a variety of member discounts on popular weight loss, fitness, vision, and health and wellness programs[1] that can help you save money and get healthier.

- **Weight Watchers** – Get discounts on three- and 12-month subscriptions, monthly passes, and at-home kits.
- **24 Hour Fitness** – Enjoy waived enrollment, processing, and initiation fees and discounts on monthly membership dues.
- **ClubSport and Renaissance ClubSport** – Obtain a 60% discount on enrollments when joining with a month-to-month agreement. Enrollment fees are waived when joining with a 12-month agreement. (There is a one-time $25 processing fee when you enroll.)
- **Alternative Care Discount Program** – Get 25% off usual and customary fees for acupuncture, chiropractic services, and massage therapy, plus get discounts on health and wellness products, with free shipping on most items.
- **Discount Provider Network[2]** – Take 20% off the published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
- **MESVision Optics** – Take advantage of competitive prices on contact lenses,[3] sunglasses, readers, and eyecare accessories, with free shipping on orders over $50. Blue Shield vision plan members can apply their benefits to reduce their out-of-pocket costs for contact lenses.
- **QualSight LASIK** – Save on LASIK surgery at more than 45 surgery centers in California. Services include pre-screening, a pre-operative exam, and post-operative visits.
- **NVISION Laser Eye Centers** – Receive a 15% discount on LASIK surgery from experienced surgeons with offices in Southern California and Sacramento.

Please refer to the endnotes on inside back cover for all pertinent wellness discount program notations.

How to choose the health plan that's **right for you**

It's easy to feel a little confused about where to start when choosing a health plan.

Some people ask their friends, family, or coworkers for advice. Knowing the right questions to ask can help you make an informed decision and find the right plan for you and your family.

Get helpful information on how you can compare health plans to help you make the right choice, including:

1. Questions to consider
2. Cost comparison chart
3. Glossary of common terms used to describe benefits of HMO, PPO, and POS plans

PLAN NAMES →	plan A	plan B
Are the doctors, hospitals, laboratories, and other healthcare providers that you or your family use in the health benefit provider's network?		
Are you or your family members allowed to see a doctor outside the network? If so, what is the reimbursement difference?		
Does this plan require that you or your family members get a referral in order to see a specialist?		
Does the health plan offer coverage for you or your family members who live outside of California (for college or work)?		
Do you or your family members have a chronic condition such as asthma, cancer, or diabetes? If so, does the health plan offer any special services or programs for these conditions?		
Does the plan cover the prescription medicines that you or your family members use?		
Does the plan reimburse alternative medical therapies such as acupuncture or chiropractic treatment?		
Does the plan cover the costs of delivering a baby?		
Does the plan cover mental health and/or substance abuse?		
Are there specific services or treatments you would like covered?		

To help you compare health plans, enter the amounts for copayments, coinsurance, etc. below for the plans you are considering. You may have different deductibles, copayments, or coinsurance for network or non-network providers. Choose the deductibles, copayments, or coinsurance for the providers you think you will use the most.

Also, check the plan's website to see if any prescriptions you or your dependents are taking are in the plan's formulary. If the plan offers a mail-service pharmacy, you may be able to save money on maintenance medications.

PLAN NAMES →	plan A	plan B
Type of plan (HMO, PPO, etc.)		
Premiums (this is the amount that comes out of your paycheck biweekly/ monthly, etc.)		
MEDICAL BENEFITS		
Annual out-of-pocket maximum or copayment maximum		
Annual deductible		
Physician office visits		
Specialist office visits		
Outpatient X-ray, pathology, lab work		
Pregnancy and maternity care benefits		
Emergency room services		
Outpatient surgery performed by an ambulatory surgery center		
Outpatient surgery performed in a hospital		
Inpatient non-emergency facility services		
Family planning and infertility benefits		
Chiropractic services		
Rehabilitation benefits (physical, occupational, and respiratory therapy)		
Mental health services		
Substance abuse services		
Other:		
PHARMACY BENEFITS		
Annual deductible		
Formulary generic drugs		
Formulary brand-name drugs		
Non-formulary brand-name drugs		
Specialty drugs		

Review **benefit summaries**

City of San Jose
Group #H12020
Active Employees and Early Retirees
Custom Access+ HMO® 25
Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

Effective January 1, 2015

Calendar Year Medical Deductible	None
Calendar Year Out-of-Pocket Maximum	$1,000 per individual / $2,000 per family
LIFETIME BENEFIT MAXIMUM	None

Covered Services	Member Copayment
PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
• Physician and specialist office visits (Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services)	$25 per visit
• Outpatient X-ray, pathology and laboratory	No Charge
Allergy Testing and Treatment Benefits	
• Office visits (includes visits for allergy serum injections)	$25 per visit
Access+ *Specialist*℠ Benefits[1]	
• Office visit, Examination or Other Consultation (Self-referred office visits and consultations only)	$40 per visit
Preventive Health Benefits	
• Preventive Health Services (As required by applicable federal and California law.)	No Charge
OUTPATIENT SERVICES	
Hospital Benefits (Facility Services)	
• Outpatient surgery performed at an Ambulatory Surgery Center[2]	$50 per surgery
• Outpatient surgery in a hospital	$100 per surgery
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
• Inpatient Physician Services	No Charge
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	$100 per admission
• Inpatient Medically Necessary skilled nursing Services including Subacute Care[3, 4]	No Charge
EMERGENCY HEALTH COVERAGE	
• Emergency room Services not resulting in admission (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$100 per visit
• Emergency room Physician Services	No Charge
AMBULANCE SERVICES	
• Emergency or authorized transport	$50
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.
PROSTHETICS/ORTHOTICS	
• Prosthetic equipment and devices (Separate office visit copay may apply)	No Charge
• Orthotic equipment and devices (Separate office visit copay may apply)	No Charge

DURABLE MEDICAL EQUIPMENT	
• Breast pump	No Charge
• Other Durable Medical Equipment (member share is based upon allowed charges)	No Charge
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[5, 6]	
• Inpatient Hospital Services	$100 per admission
• Residential Care	$100 per admission
• Inpatient Physician Services	No Charge
• Routine Outpatient Mental Health and Substance Abuse Services (includes professional/physician visits)	$25 per visit
• Non-Routine Outpatient Mental Health and Substance Abuse Services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, and transcranial magnetic stimulation.)	$25 per visit
• Partial Hospitalization Program	$50 per episode
HOME HEALTH SERVICES	
• Home health care agency Services (up to 100 visits per Calendar Year)	$25 per visit
• Medical supplies (See "Prescription Drug Coverage" for specialty drugs)	No Charge
OTHER	
Hospice Program Benefits	
• Routine home care	No Charge
• Inpatient Respite Care	No Charge
• 24-hour Continuous Home Care	No Charge
• General Inpatient care	No Charge
Pregnancy and Maternity Care Benefits	
• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")	No Charge
• Abortion Services[8]	$100 per surgery
Family Planning and Infertility Benefits	
• Counseling and consulting[7]	No Charge
• Infertility Services (member share is based upon allowed charges) (Diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT).	50%
• Tubal ligation	No Charge
• Vasectomy[8]	$75 per surgery
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)	
• Office location (Copayment applies to all places of services, including professional and facility settings)	$25 per visit
Speech Therapy Benefits	
• Office Visit (Copayment applies to all places of services, including professional and facility settings)	$25 per visit
Diabetes Care Benefits	
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits.)	No Charge
• Diabetes self-management training	$25 per visit
Hearing Aid Services	
• Audiological examination	No Charge
• Hearing aid and ancillary equipment (Plan payment up to $1,000 maximum per member every 36 months)	No Charge
Urgent Care Benefits (BlueCard® Program)	
• Urgent Services outside your Personal Physician Service Area	$50 per visit
Optional Benefits	Optional dental, vision, hearing aid, infertility, chiropractic or chiropractic and acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

1 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA. Access+ Specialist visits for mental health services must be provided by a MHSA network participating provider.

2 Participating Ambulatory Surgery Centers may not be available in all areas. Outpatient surgery Services may also be obtained from a Hospital or from an ambulatory surgery center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

3 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan deductible has been met.

4 Skilled nursing services are limited to 100 preauthorized days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

5 Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using Blue Shield's MHSA participating providers.

6 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

7 Includes insertion of IUD, as well as injectable and implantable contraceptives for women.

8 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16205 (1/15) MP082714

City of San Jose
Group #H12020
Active Employees and Early Retirees
Custom Access+ HMO® Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE ACCESS+ HMO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary
$0 Calendar Year Brand-Name Drug Deductible
$0 Select Generic/$10 Select Brand Name/$10 Formulary Generic/$25 Formulary Brand Name/$40 Non-Formulary Brand Name Drug - Retail Pharmacy
$0 Select Generic/$20 Select Brand Name/$20 Formulary Generic/$50 Formulary Brand Name/$80 Non-Formulary Brand Name Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Name Drug Deductible	None
PRESCRIPTION DRUG COVERAGE[1,2]	**Participating Pharmacy**
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Select Generic Drugs[8]	$0 per prescription
• Select Brand Name Drugs[8]	$10 per prescription
• Formulary Generic Drugs	$10 per prescription
• Formulary Brand Name Drugs[4, 5]	$25 per prescription
• Non-Formulary Brand Name Drugs[4, 5]	$40 per prescription
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Select Generic Drugs[8]	$0 per prescription
• Select Brand Name Drugs[8]	$20 per prescription
• Formulary Generic Drugs	$20 per prescription
• Formulary Brand Name Drugs[4, 5]	$50 per prescription
• Non-Formulary Brand Name Drugs[4, 5]	$80 per prescription
Specialty Pharmacies (up to a 30-day supply)[6]	
• Specialty Drugs[7]	$30 per prescription

1 Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
2 Drugs obtained at a Non-Participating Pharmacy are not covered, unless Medically Necessary for a covered emergency.
3 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.
4 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

5 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

6 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

7 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

8 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage.*
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16149-a (1/15) MP082714

City of San Jose
Group #H12020, H12079
Chiropractic and Acupuncture Benefits

Additional coverage for your Access+ HMO® Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 3,310 licensed chiropractors and more than 1,245 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your Access+ HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar-year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar-year Maximum	30 Combined Visits
Calendar-year Deductible	None
Calendar-year Chiropractic Appliances Benefit[1,2]	$50
Covered Services	**Member Copayment**
Acupuncture Services	$10 per visit
Chiropractic Services	$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of $50 in a calendar-year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose
Group #975993
Active Employees and Early Retirees
Custom PPO 90/70

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND THE *PLAN CONTRACT* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Effective January 1, 2015

	Participating Providers[1]	Non-Participating Providers[1]
Calendar Year Medical Deductible (All Providers Combined)	$100 per individual / $200 per family	
Calendar Year Out-of-Pocket Maximum (Includes the plan deductible) (All Providers combined accumulate toward the calendar year out-of-pocket maximum.)	$2,100 per individual / $4,200 per family	
LIFETIME BENEFIT MAXIMUM	None	

Covered Services	Member Copayment	
PROFESSIONAL SERVICES	**Participating Providers[1]**	**Non-Participating Providers[1]**
Professional (Physician) Benefits		
• Physician and specialist office visits	$25 per visit (Not subject to the Calendar-Year Deductible)	30%
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine[2] (prior authorization is required)	10%	30%
• Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)[2]	10%	30%
Allergy Testing and Treatment Benefits		
• Office visits (includes visits for allergy serum injections)	$25 per visit	30%
Preventive Health Benefits		
• Preventive Health Services (As required by applicable federal and California law.)	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
OUTPATIENT SERVICES		
Hospital Benefits (Facility Services)		
• Outpatient surgery performed at an Ambulatory Surgery Center[3]	$50 per surgery + 10%	30% [4]
• Outpatient surgery in a hospital	$100 per surgery + 10%	30% [4]
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits")	10%	30% [4]
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)[2]	10%	30% [4]
• Other outpatient X-ray, pathology and laboratory performed in a hospital[2]	10%	30% [4]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[5]	$100 per surgery + 10%	30% [4]
HOSPITALIZATION SERVICES		
Hospital Benefits (Facility Services)		
• Inpatient Physician Services	10%	30%
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	$100 per admission + 10%	30% [6]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[5]	$100 per admission + 10%	30% [6]

Skilled Nursing Facility Benefits[7, 8] (Combined maximum of up to 100 prior authorized days per Calendar Year; semi-private accommodations)		
• Services by a free-standing Skilled Nursing Facility	10%	10% [8]
• Skilled Nursing Unit of a Hospital	10%	30% [6]
EMERGENCY HEALTH COVERAGE		
• Emergency room Services not resulting in admission (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$100 per visit (Not subject to the Calendar-Year Deductible)	$100 per visit (Not subject to the Calendar-Year Deductible)
• Emergency room Services resulting in admission (when the member is admitted directly from the ER)	$100 per admission + 10%	$100 per admission + 10%
• Emergency room Physician Services	10%	10%
AMBULANCE SERVICES		
• Emergency or authorized transport	10%	10%
PRESCRIPTION DRUG COVERAGE		
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Customer Service number on your identification card.	
PROSTHETICS/ORTHOTICS		
• Prosthetic equipment and devices (Separate office visit copay may apply)	10%	30%
• Orthotic equipment and devices (Separate office visit copay may apply)	10%	30%
DURABLE MEDICAL EQUIPMENT		
• Breast pump	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Other Durable Medical Equipment	10%	30%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[9, 10]	**MHSA Participating Providers**[1]	**MHSA Non-Participating Providers**[1]
• Inpatient Hospital Services	$100 per admission + 10%	30% [6]
• Residential Care	$100 per admission + 10%	30%[6]
• Inpatient Physician Services	No Charge	30%
• Routine Outpatient Mental Health and Substance Abuse Services (includes professional/physician visits)	$25 per visit (Not subject to the Calendar-Year Deductible)	30%
• Non-Routine Outpatient Mental Health and Substance Abuse Services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, and transcranial magnetic stimulation. For partial hospitalization programs, a higher copayment and facility charges may apply per episode of care)	10%	30%
HOME HEALTH SERVICES[11]	**Participating Providers**[1]	**Non-Participating Providers**[1]
• Home health care agency Services[7] (up to 100 prior authorized visits per Calendar Year)	10%	Not Covered [11]
• Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency	10%	Not Covered [11]
OTHER		
Hospice Program Benefits[11]		
• Routine home care	No Charge	Not Covered [11]
• Inpatient Respite Care	No Charge	Not Covered [11]
• 24-hour Continuous Home Care	10%	Not Covered [11]
• General Inpatient care	10%	Not Covered [11]
Chiropractic Benefits[7]		
• Chiropractic Services (up to 20 visits per Calendar Year)	10%	30%
Acupuncture Benefits[7]		
• Acupuncture Services (up to 20 visits per Calendar Year)	10%	10%
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)		
• Office location	10%	30%
Speech Therapy Benefits		
• Office Visit	10%	10%
Pregnancy and Maternity Care Benefits		

• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")	10%	30%
• Abortion Services (Facility charges may apply – see "Hospital Benefits (Facility Services)")	10%	30%
Family Planning Benefits		
• Counseling and consulting[12]	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Tubal ligation	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Vasectomy[13]	10%	Not Covered
Diabetes Care Benefits		
• Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits.)	10%	30%
• Diabetes self-management training	$25 per visit (Not subject to the Calendar-Year Deductible)	30%
Care Outside of Plan Service Area (Benefits provided through the BlueCard® Program for out-of-state emergency and non-emergency care are provided at the participating level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider)		
• Within US: BlueCard Program	See Applicable Benefit	See Applicable Benefit
• Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit
Optional Benefits Optional dental, vision, infertility and hearing aid benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.		

1 Unless otherwise specified, copayments/coinsurance are calculated based on allowable amounts. Participating providers agree to accept Blue Shield's allowable amount plus the plan's and any applicable member's payment as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or out-of-pocket maximum.

2 Participating non Hospital based ("freestanding") laboratory or radiology centers may not be available in all areas. Laboratory and radiology Services may also be obtained from a Hospital or from a laboratory and radiology center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

3 Participating Ambulatory Surgery Centers may not be available in all areas. Outpatient surgery Services may also be obtained from a Hospital or from an ambulatory surgery center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

4 The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-participating hospital is $350 per day. Members are responsible for 30% of this $350 per day, plus all charges in excess of $350.

5 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other participating provider and there is no coverage for bariatric services from non-participating providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further benefit details.

6 The maximum allowed charges for non-emergency hospital services received from a non-participating hospital is $600 per day. Members are responsible for 30% of this $600 per day, plus all charges in excess of $600.

7 For plans with a calendar-year medical deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan medical deductible has been met.

8 Services may require prior authorization by the Plan. When services are prior authorized, members pay the participating provider amount.

9 Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) – using Blue Shield's MHSA participating and non-participating providers. Only Mental Health and Substance Abuse services rendered by Blue Shield MHSA participating providers are administered by the Blue Shield MHSA. Mental Health and Substance Abuse services rendered by non-participating providers are administered by Blue Shield.

10 Inpatient Services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield's participating providers or non-participating providers.

11 Out of network home health care, home infusion and hospice services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the participating provider copayment.

12 Includes insertion of IUD as well as injectable and implantable contraceptives for women.

13 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply. Services from non-participating providers and non-participating facilities are not covered under this benefit.

Plan designs may be modified to ensure compliance with state and federal requirements.

A17262 (1/15) MP082714

City of San Jose
Group #975993
Active Employees and Early Retirees
Custom PPO Plan

THIS DRUG SUMMARY IS INTENDED TO BE USED WITH THE SHIELD PPO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Select Tier Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary
$0 Calendar-Year Brand Name Drug Deductible
$0 Select Generic/$10 Select Brand Name/$10 Formulary Generic/$25 Formulary Brand Name/$40 Non-Formulary Brand Name Drug - Retail Pharmacy
$0 Select Generic/$20 Select Brand Name/$20 Formulary Generic/$50 Formulary Brand Name/$80 Non-Formulary Brand Name Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Name Drug Deductible	None

PRESCRIPTION DRUG COVERAGE[1]	**Participating Pharmacy**	**Non-Participating Pharmacy** Member pays 25% of billed amount plus a copayment of:
Retail Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices[2]	$0 per prescription	Not Covered
• Select Generic Drugs[7]	$0 per prescription	$0 per prescription
• Select Brand Name Drugs[7]	$10 per prescription	$10 per prescription
• Formulary Generic Drugs	$10 per prescription	$10 per prescription
• Formulary Brand Name Drugs[3, 4]	$25 per prescription	$25 per prescription
• Non-Formulary Brand Name Drugs[3, 4]	$40 per prescription	$40 per prescription
Mail Service Prescriptions (up to a 90-day supply)		
• Contraceptive Drugs and Devices[2]	$0 per prescription	Not Covered
• Select Generic Drugs[7]	$0 per prescription	Not Covered
• Select Brand Name Drugs[7]	$20 per prescription	Not Covered
• Formulary Generic Drugs	$20 per prescription	Not Covered
• Formulary Brand Name Drugs[3, 4]	$50 per prescription	Not Covered
• Non-Formulary Brand Name Drugs[3, 4]	$80 per prescription	Not Covered
Specialty Pharmacies (up to a 30-day supply)[5]		
• Specialty Drugs[6]	10% (Up to $100 copayment maximum per prescription)	Not Covered

1 Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

3 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, and when effective, lower cost alternatives are available.

4 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

5 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

6 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

7 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage.*
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16154-d (1/15) MP082714

City of San Jose
Group #MH0241
Active Employees and Early Retirees
Custom POS 100/90/70

Benefit Summary (For groups of 300 and above)

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective January 1, 2015

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	LEVEL I: HMO Plan Providers[1]	LEVEL II: Participating Providers[1]	LEVEL III: Non-Participating Providers[1]
Calendar Year Medical Deductible	None	$100 per Individual / $200 per Family	
Calendar Year Out-of-Pocket Maximum (Includes the plan deductible)	$1,500 per Individual/ $3,000 per Family	$1,600 per Individual/ $3,200 per Family	$4,600 per Individual/ $9,200 per Family
LIFETIME BENEFIT MAXIMUM	None	None	None
Covered Services		**Member Copayment**	
PROFESSIONAL SERVICES	**LEVEL I: HMO Plan Providers[1]**	**LEVEL II: Participating Providers[1]**	**LEVEL III: Non-Participating Providers[1]**
Professional (Physician) Benefits			
• Physician and specialist office visits (Note: For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services.)	$25 per visit	$35 per visit (Not Subject to the Calendar Year Deductible)	30%
• Outpatient X-ray, pathology and laboratory	No Charge	$35 per visit	30%
Allergy Testing and Treatment Benefits			
• Office visits (includes visits for allergy serum injections)	$25 per visit	$35 per visit (Not Subject to the Calendar Year Deductible)	30%
Preventive Health Benefits			
• Preventive Health Services (As required by applicable federal and California law.)	No Charge	Not Covered	Not Covered
OUTPATIENT SERVICES			
Hospital Benefits (Facility Services)			
• Outpatient surgery performed at an Ambulatory Surgery Center	$50 per surgery	$50 per surgery + 10%	30%[2]
• Outpatient surgery in a hospital	$100 per surgery	$100 per surgery + 10%	30%[2]
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge	10%	30%[2]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)	$100 per surgery	$100 per surgery + 10%[3]	30%[2, 3]
HOSPITALIZATION SERVICES			
Hospital Benefits (Facility Services)			
• Inpatient Physician Services	No Charge	10%	30%
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	$100 per admission	$100 per admission + 10%	30%[4]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)	$100 per admission	$100 per admission + 10%[3]	30%[3, 4]

Skilled Nursing Facility Benefits[5, 6] (Combined maximum of up to 100 prior authorized days per Calendar Year; semi-private accommodations)			
• Services by a free-standing Skilled Nursing Facility	No Charge	10%	10%[6]
• Skilled Nursing Unit of a Hospital	No Charge	10%	30%[4]
EMERGENCY HEALTH COVERAGE			
• Emergency room Services not resulting in admission (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$100 per visit	$100 per visit (Not subject to the Calendar-Year Deductible)	$100 per visit (Not subject to the Calendar-Year Deductible)
• Emergency room Physician Services	No Charge	10%	10%
AMBULANCE SERVICES			
• Emergency or authorized transport (Emergency transports are paid under the HMO benefit level.)	No Charge	10%	10%
PRESCRIPTION DRUG COVERAGE			
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Customer Services number on your identification card.		
PROSTHETICS/ORTHOTICS			
• Prosthetic equipment and devices (Separate office visit copay may apply)	No Charge	10%	30%
• Orthotic equipment and devices (Separate office visit copay may apply)	No Charge	10%	30%
DURABLE MEDICAL EQUIPMENT			
• Breast pump	No Charge	No Charge (Not Subject to the Calendar Year Deductible)	Not Covered
• Other Durable Medical Equipment	No Charge	10%	30%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[7,14]	**LEVEL I: MHSA Participating Providers**[1]	**LEVEL II: N/A, except for medical acute detoxification**	**LEVEL III: MHSA Non-Participating Providers**[1]
• Inpatient Hospital Services	$100 per admission	N/A	30%[4]
• Residential Care	$100 per admission	N/A	30%[4]
• Inpatient Physician Services	No Charge	N/A	30%
• Routine Outpatient Mental Health and Substance Abuse Services (includes professional/physician visits)	$25 per visit	N/A	30%
• Non-Routine Outpatient Mental Health and Substance Abuse Services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, and transcranial magnetic stimulation. For partial hospitalization programs, a higher copayment and facility charges may apply per episode of care)	No Charge	N/A	30%
HOME HEALTH SERVICES	**LEVEL I: HMO Plan Providers**[1]	**LEVEL II: Participating Providers**[1]	**LEVEL III: Non-Participating Providers**[1]
• Home health care agency Services[6] (up to 100 visits per calendar year)	$25 per visit	10%	Not Covered[8]
• Medical supplies (See "Prescription Drug Coverage" for specialty drugs)	No Charge	10%	Not Covered[8]
OTHER			
Hospice Program Benefits			
• Routine home care	No Charge	Not Covered[9]	Not Covered[9]
• Inpatient Respite Care	No Charge	Not Covered[9]	Not Covered[9]
• 24-hour Continuous Home Care	No Charge	Not Covered[9]	Not Covered[9]
• General Inpatient care	No Charge	Not Covered[9]	Not Covered[9]

Pregnancy and Maternity Care Benefits			
• Prenatal and Postnatal Physician Office Visits (For inpatient hospital services, see "Hospitalization Services")	No Charge	$35 per visit	30%
• Abortion services[11]	$100 per surgery	10%	30%
Family Planning and Infertility Benefits			
• Counseling and consulting[10]	No Charge	Not Covered	Not Covered
• Infertility Services (member share is based upon allowed charges, Level I only) (Diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%	Not Covered	Not Covered
• Tubal ligation[11, 12]	No Charge	Not Covered	Not Covered
• Vasectomy[11]	$50 per surgery	Not Covered	Not Covered
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)			
• Office location	$25 per visit	$35 per visit	30%
• Outpatient visits	$25 per visit	10%	30%
• Inpatient Skilled Nursing Facility (SNF)	No Charge	10%	30%
• Inpatient Rehabilitation Unit of a hospital	No Charge	10%	30%[5]
Speech Therapy Benefits			
• Office Visit	$25 per visit	$35 per visit	$35 per visit
Diabetes Care Benefits			
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges, Level I only; for testing supplies see Outpatient Prescription Drug Benefits.)	No Charge	10%	30%
• Diabetes self-management training	$25 per visit	$35 per visit	30%
Hearing Aid Services			
• Audiological examination	No Charge	$35 per visit	30%
• Hearing aid and ancillary equipment (Plan payment up to $1,000 maximum per member every 36 months)	No Charge	No Charge	No Charge
Urgent Care Benefits (BlueCard® Program)			
• Urgent Services outside your Personal Physician Service Area	$50 per visit[13]	See Applicable Benefit	See Applicable Benefit

Optional Benefits Optional dental, vision, hearing aid, infertility, chiropractic or chiropractic and acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

1 Unless otherwise specified, copayments/coinsurance are calculated based on allowable amounts. Participating providers agree to accept Blue Shield's allowable amount plus the plan's and any applicable member's payment as full payment for covered Services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum. Calendar-year deductible applies to services of non-participating providers only.

2 The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-participating hospital is $350 per day. Members are responsible for 30% of this $350 per day, plus all charges in excess of $350.

3 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other participating provider and there is no coverage for bariatric services from non-participating providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further benefit details.

4 The maximum allowed charges for non-emergency hospital services received from a non-participating hospital are $600 per day. Members are responsible for 30% of this $600 per day, plus all charges in excess of $600.

5 For plans with a calendar-year medical deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan medical deductible has been met.

6 Services may require prior authorization by the Plan. When services are prior authorized, members pay the participating provider amount.

7 Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - utilizing Blue Shield's MHSA Participating (Level I) and Non-Participating (Level III) providers. Only Mental Health and Substance Abuse services rendered by Blue Shield MHSA participating providers are administered by the Blue Shield MHSA. Mental Health and Substance Abuse services rendered by non- participating providers are administered by Blue Shield. There are no Level II providers for Mental Health and Substance Abuse services.

8 Out of network home health care services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the participating provider copayment.

9 Out of network hospice is not covered unless pre-authorized. When these services are pre-authorized, the member pays the Level I copayment.

10 Includes insertion of IUD, as well as injectable and implantable contraceptives for women.

11 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply except for Level I Services under the Tubal ligation benefit.

12 For Level II and III Services, copayment does not apply when procedure is performed in conjunction with delivery or abdominal surgery.

13 For Level I Services outside of California or the United States, Out-of-Area Follow-up Care is covered through any provider or through the BlueCard® Program participating provider network. However, authorization by Blue Shield HMO is required for more than two Out-of-Area Follow-up Care outpatient visits or for care that involves a surgical or other procedure or inpatient stay. For Level I services outside your Personal Physician Service Area but within California, Member Services will assist the patient in receiving Out-of-Area Follow-up Care through a Blue Shield Plan Provider. To receive Level I Services, Blue Shield HMO may direct the patient to receive follow-up Services from the Personal Physician.

14 Inpatient Services which are Medically Necessary to treat for acute medical complications of detoxification are covered under the medical benefits; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage hospitalization services for benefit details. Services for acute medical complications of detoxification are accessed through Blue Shield using Blue Shield's HMO Plan Providers (Level I), participating providers (Level II), or non-participating providers (Level III).

Plan designs may be modified to ensure compliance with state and federal requirements.
A16536 (1/15) MP082714

City of San Jose
Group #MH0241
Active Employees and Early Retirees
Custom POS Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE ADDED ADVANTAGE POS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlight: 4-Tier/Incentive Formulary
$0 Calendar Year Brand Name Drug Deductible
$0 Select Generic/$10 Select Brand Name/$10 Formulary Generic/$25 Formulary Brand Name Drug - Retail Pharmacy
$0 Select Generic/$20 Select Brand Name/$20 Formulary Generic/$50 Formulary Brand Name Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Name Drug Deductible	None
PRESCRIPTION DRUG COVERAGE[1,2]	**Participating Pharmacy**
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Select Generic Drugs[8]	$0 per prescription
• Select Brand Name Drugs[8]	$10 per prescription
• Formulary Generic Drugs	$10 per prescription
• Formulary Brand Name Drugs[4, 5]	$25 per prescription
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Select Generic Drugs[8]	$0 per prescription
• Select Brand Name Drugs[8]	$20 per prescription
• Formulary Generic Drugs	$20 per prescription
• Formulary Brand Name Drugs[4, 5]	$50 per prescription
Specialty Pharmacies (up to a 30-day supply)[6]	
• Specialty Drugs[7]	No Charge

1 Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
2 Drugs obtained at a Non-Participating Pharmacy are not covered, unless Medically Necessary for a covered emergency.
3 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.
4 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

5 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

6 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

7 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

8 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug program

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage.*
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16149-a (1/15) MP082714

City of San Jose
Group #MH0241
Chiropractic Benefits

Additional coverage for your Added Advantage POS℠ Plans

Blue Shield Chiropractic Care coverage lets you self-refer to a network of more than 3,310 licensed chiropractors. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractor from the ASH Plans network *without* a referral from your Added Advantage POS Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar-year maximum of 30 visits.

What's Covered

The plan covers medically necessary chiropractic services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar-year Maximum	30 Visits
Calendar-year Deductible	None
Calendar-year Chiropractic Appliances Benefit[1,2]	$50
Covered Services	**Member Copayment**
Chiropractic Services	$5
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of $50 in a calendar-year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose
Group #H12079
Access+ HMO® Facility Coinsurance 45-50%

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

Effective January 1, 2015

Calendar Year Facility Deductible	None
Calendar Year Out-of-Pocket Maximum	$3,500 per individual / $7,000 per family
LIFETIME BENEFIT MAXIMUM	None

Covered Services	Member Copayment
PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
• Physician and specialist office visits (Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services)	$45 per visit
• Outpatient X-ray, pathology and laboratory	No Charge
Allergy Testing and Treatment Benefits	
• Office visits (includes visits for allergy serum injections)	$45 per visit
Access+ *Specialist*℠ Benefits[1]	
• Office visit, Examination or Other Consultation (Self-referred office visits and consultations only)	$50 per visit
Preventive Health Benefits	
• Preventive Health Services (As required by applicable federal and California law.)	No Charge
OUTPATIENT SERVICES	
Hospital Benefits (Facility Services)	
• Outpatient surgery performed at an Ambulatory Surgery Center[2]	50%
• Outpatient surgery in a hospital	50%
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
• Inpatient Physician Services	No Charge
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	50%
• Inpatient Medically Necessary skilled nursing Services including Subacute Care[3, 4]	50%
EMERGENCY HEALTH COVERAGE	
• Emergency room facility services (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$200 per visit
• Emergency room Physician Services	No Charge
AMBULANCE SERVICES	
• Emergency or authorized transport	$100
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.
PROSTHETICS/ORTHOTICS	
• Prosthetic equipment and devices (Separate office visit copay may apply)	No Charge

• Orthotic equipment and devices (Separate office visit copay may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
• Breast pump	No Charge
• Other Durable Medical Equipment (member share is based upon allowed charges)	50%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[5, 6]	
• Inpatient Hospital Services	50%
• Residential Care	50%
• Inpatient Physician Services	No Charge
• Routine Outpatient Mental Health and Substance Abuse Services (includes professional/physician visits)	$45 per visit
• Non-Routine Outpatient Mental Health and Substance Abuse Services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, and transcranial magnetic stimulation. For partial hospitalization programs, a higher copayment and facility charges may apply per episode of care)	No Charge
HOME HEALTH SERVICES	
• Home health care agency Services (up to 100 visits per Calendar Year)	$45 per visit
• Medical supplies (See "Prescription Drug Coverage" for specialty drugs)	No Charge
OTHER	
Hospice Program Benefits	
• Routine home care	No Charge
• Inpatient Respite Care	No Charge
• 24-hour Continuous Home Care	$200 per day
• General Inpatient care	$200 per day
Pregnancy and Maternity Care Benefits	
• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")	$45 per visit
• Abortion Services[8]	$100 per surgery
Family Planning and Infertility Benefits	
• Counseling and consulting[7]	No Charge
• Infertility Services (member share is based upon allowed charges) (Diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT).	50%
• Tubal ligation	No Charge
• Vasectomy[8]	$75 per surgery
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)	
• Office location (Copayment applies to all places of services, including professional and facility settings)	$45 per visit
Speech Therapy Benefits	
• Office Visit (Copayment applies to all places of services, including professional and facility settings)	$45 per visit
Diabetes Care Benefits	
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits.)	50%
• Diabetes self-management training	$45 per visit
Urgent Care Benefits (BlueCard® Program)	
• Urgent Services outside your Personal Physician Service Area	$50 per visit
Optional Benefits	Optional dental, vision, hearing aid, infertility, chiropractic or chiropractic and acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

1 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA. Access+ Specialist visits for mental health services must be provided by a MHSA network participating provider.

2 Participating Ambulatory Surgery Centers may not be available in all areas. Outpatient surgery Services may also be obtained from a Hospital or from an ambulatory surgery center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

3 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan deductible has been met.

4 Skilled nursing services are limited to 100 preauthorized days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

5 Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using Blue Shield's MHSA participating providers.

6 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield participating providers.

7 Includes insertion of IUD, as well as injectable and implantable contraceptives for women.

8 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.

Plan designs may be modified to ensure compliance with state and federal requirements.

A43200 (1/15) MP082714

City of San Jose
Group #H12079
Access+ HMO® Plan

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE ACCESS+ HMO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlight: 3-Tier/Incentive Formulary
$250 Calendar Year Brand Name Drug Deductible
$15 Formulary Generic/$30 Formulary Brand Name/50% $45 min $100 max Non-Formulary Brand Name Drug - Retail Pharmacy
$30 Formulary Generic/$60 Formulary Brand Name/50% $90 min $200 max Non-Formulary Brand Name Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)	
Calendar Year Brand Name Drug Deductible applies to covered brand name and specialty drugs.	$250 per member per calendar year
PRESCRIPTION DRUG COVERAGE[1,2]	**Participating Pharmacy**
Retail Prescriptions (up to a 30-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Formulary Generic Drugs	$15 per prescription
• Formulary Brand Name Drugs[4, 5]	$30 per prescription
• Non-Formulary Brand Name Drugs[4, 5]	50% $45 min $100 max
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive Drugs and Devices[3]	$0 per prescription
• Formulary Generic Drugs	$30 per prescription
• Formulary Brand Name Drugs[4, 5]	$60 per prescription
• Non-Formulary Brand Name Drugs[4, 5]	50% $90 min $200 max
Specialty Pharmacies (up to a 30-day supply)[6]	
• Specialty Drugs[7]	20% (Up to $100 copayment maximum per prescription)

1 Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
2 Drugs obtained at a Non-Participating Pharmacy are not covered, unless Medically Necessary for a covered emergency.
3 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.
4 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.
5 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

6 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

7 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage.*
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A20297 (1/15) MP_082714

City of San Jose
Group #H12020, H12079
Chiropractic and Acupuncture Benefits

Additional coverage for your Access+ HMO® Plans

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 3,310 licensed chiropractors and more than 1,245 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your Access+ HMO Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar-year maximum of 30 combined visits.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar-year Maximum	30 Combined Visits
Calendar-year Deductible	None
Calendar-year Chiropractic Appliances Benefit[1,2]	$50
Covered Services	**Member Copayment**
Acupuncture Services	$10 per visit
Chiropractic Services	$10 per visit
Out-of-network Coverage	None

1. Chiropractic appliances are covered up to a maximum of $50 in a calendar-year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.
This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Group Health Service Agreement for the exact terms and conditions of coverage.

City of San Jose
Group #976153
Custom PPO 3500-80/60

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND THE *PLAN CONTRACT* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Effective January 1, 2015

	Participating Providers[1]	Non-Participating Providers[1]
Calendar Year Medical Deductible (All Providers Combined)	$3,500 per individual / $7,000 per family	
Calendar Year Out-of-Pocket Maximum (Includes the plan deductible) (Copayments/Coinsurance for participating providers accrue to both participating and non-participating provider Calendar-year Out-of-Pocket Maximum amounts.)	$6,600 per individual / $13,200 per family	$13,500 per individual / $27,000 per family
LIFETIME BENEFIT MAXIMUM	None	

Covered Services	Member Copayment	
PROFESSIONAL SERVICES	**Participating Providers[1]**	**Non-Participating Providers[1]**
Professional (Physician) Benefits		
• Physician and specialist office visits	$30 per visit (Not subject to the Calendar-Year Deductible)	40%
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine[2] (prior authorization is required)	20%	40%
• Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)[2]	$30 per visit	40%
Allergy Testing and Treatment Benefits		
• Office visits (includes visits for allergy serum injections)	20%	40%
Preventive Health Benefits		
• Preventive Health Services (As required by applicable federal and California law.)	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
OUTPATIENT SERVICES		
Hospital Benefits (Facility Services)		
• Outpatient surgery performed at an Ambulatory Surgery Center[3]	20%	40% [4]
• Outpatient surgery in a hospital	$125 per surgery + 20%	40% [4]
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits")	20%	40% [4]
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)[2]	20%	40% [4]
• Other outpatient X-ray, pathology and laboratory performed in a hospital[2]	$30 per visit	40% [4]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[5]	$125 per surgery + 20%	40% [4]
HOSPITALIZATION SERVICES		
Hospital Benefits (Facility Services)		
• Inpatient Physician Services	20%	40%
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	$250 per admission + 20%	40% [6]
• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[5]	$250 per admission + 20%	40% [6]

Skilled Nursing Facility Benefits[7, 8] (Combined maximum of up to 100 prior authorized days per Calendar Year; semi-private accommodations)		
• Services by a free-standing Skilled Nursing Facility	20%	20% [8]
• Skilled Nursing Unit of a Hospital	20%	40% [6]
EMERGENCY HEALTH COVERAGE		
• Emergency room Services not resulting in admission (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services)	20% (Not subject to the Calendar-Year Deductible)	20% (Not subject to the Calendar-Year Deductible)
• Emergency room Services resulting in admission (when the member is admitted directly from the ER)	$250 per admission + 20%	$250 per admission + 20%
• Emergency room Physician Services	20%	20%
AMBULANCE SERVICES		
• Emergency or authorized transport	20%	20%
PRESCRIPTION DRUG COVERAGE		
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Customer Service number on your identification card.	
PROSTHETICS/ORTHOTICS		
• Prosthetic equipment and devices (Separate office visit copay may apply)	20%	40%
• Orthotic equipment and devices (Separate office visit copay may apply)	20%	40%
DURABLE MEDICAL EQUIPMENT		
• Breast pump	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Other Durable Medical Equipment	20%	40%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[9, 10]	**MHSA Participating Providers**[1]	**MHSA Non-Participating Providers**[1]
• Inpatient Hospital Services	$250 per admission + 20%	40% [6]
• Residential Care	$250 per admission + 20%	40%[6]
• Inpatient Physician Services	No Charge	40%
• Routine Outpatient Mental Health and Substance Abuse Services (includes professional/physician visits)	$30 per visit (Not subject to the Calendar-Year Deductible)	40%
• Non-Routine Outpatient Mental Health and Substance Abuse Services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, and transcranial magnetic stimulation. For partial hospitalization programs, a higher copayment and facility charges may apply per episode of care)	20%	40%
HOME HEALTH SERVICES[11]	**Participating Providers**[1]	**Non-Participating Providers**[1]
• Home health care agency Services[7] (up to 100 prior authorized visits per Calendar Year)	20%	Not Covered [11]
• Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency	20%	Not Covered [11]
OTHER		
Hospice Program Benefits[11]		
• Routine home care	No Charge	Not Covered [11]
• Inpatient Respite Care	No Charge	Not Covered [11]
• 24-hour Continuous Home Care	20%	Not Covered [11]
• General Inpatient care	20%	Not Covered [11]
Chiropractic Benefits[7]		
• Chiropractic Services (up to 12 visits per Calendar Year)	$25 per visit	50%
Acupuncture Benefits		
• Acupuncture Services	Not Covered	Not Covered
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)		
• Office location	$30 per visit	50%
Speech Therapy Benefits		
• Office Visit	$20 per visit	$20 per visit

Pregnancy and Maternity Care Benefits		
• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")	20%	40%
• Abortion Services (Facility charges may apply – see "Hospital Benefits (Facility Services)")	20%	40%
Family Planning Benefits		
• Counseling and consulting[12]	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Tubal ligation	No Charge (Not subject to the Calendar-Year Deductible)	Not Covered
• Vasectomy[13]	20%	Not Covered
Diabetes Care Benefits		
• Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits.)	20%	40%
• Diabetes self-management training	$30 per visit (Not subject to the Calendar-Year Deductible)	40%
Care Outside of Plan Service Area (Benefits provided through the BlueCard® Program for out-of-state emergency and non-emergency care are provided at the participating level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider)		
• Within US: BlueCard Program	See Applicable Benefit	See Applicable Benefit
• Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit
Optional Benefits Optional dental, vision, infertility and hearing aid benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.		

1 Unless otherwise specified, copayments/coinsurance are calculated based on allowable amounts. Participating providers agree to accept Blue Shield's allowable amount plus the plan's and any applicable member's payment as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or out-of-pocket maximum.

2 Participating non Hospital based ("freestanding") laboratory or radiology centers may not be available in all areas. Laboratory and radiology Services may also be obtained from a Hospital or from a laboratory and radiology center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

3 Participating Ambulatory Surgery Centers may not be available in all areas. Outpatient surgery Services may also be obtained from a Hospital or from an ambulatory surgery center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

4 The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-participating hospital is $600 per day. Members are responsible for 40% of this $600 per day, plus all charges in excess of $600.

5 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other participating provider and there is no coverage for bariatric services from non-participating providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further benefit details.

6 The maximum allowed charges for non-emergency hospital services received from a non-participating hospital is $600 per day. Members are responsible for 40% of this $600 per day, plus all charges in excess of $600.

7 For plans with a calendar-year medical deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan medical deductible has been met.

8 Services may require prior authorization by the Plan. When services are prior authorized, members pay the participating provider amount.

9 Mental Health and Substance Abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) – using Blue Shield's MHSA participating and non-participating providers. Only Mental Health and Substance Abuse services rendered by Blue Shield MHSA participating providers are administered by the Blue Shield MHSA. Mental Health and Substance Abuse services rendered by non-participating providers are administered by Blue Shield.

10 Inpatient Services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield's participating providers or non-participating providers.

11 Out of network home health care, home infusion and hospice services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the participating provider copayment.

12 Includes insertion of IUD as well as injectable and implantable contraceptives for women.

13 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply. Services from non-participating providers and non-participating facilities are not covered under this benefit.

Plan designs may be modified to ensure compliance with state and federal requirements.

A41634 (1/15) MP082714

City of San Jose
Group #976153
Shield Spectrum PPO℠ Plans

Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE SHIELD SPECTRUM PPO AND SHIELD PPO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Highlight: 3-Tier/Incentive Formulary
$250 Calendar-Year Brand-Name Drug Deductible
$15 Formulary Generic/$30 Formulary Brand Name/50% $45 min $100 max Non-Formulary Brand Name Drug - Retail Pharmacy
$30 Formulary Generic/$60 Formulary Brand Name/50% $90 min $200 max Non-Formulary Brand-Name Drug - Mail Service

Covered Services	Member Copayment	
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)		
Calendar Year Brand Name Drug Deductible applies to covered brand-name and specialty drugs.	$250 per member per calendar year	
PRESCRIPTION DRUG COVERAGE[1]	**Participating Pharmacy**	**Non-Participating Pharmacy** Member pays 25% of billed amount plus a copayment of:
Retail Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices[2]	$0 per prescription	Not Covered
• Formulary Generic Drugs	$15 per prescription	$15 per prescription
• Formulary Brand Name Drugs[3, 4]	$30 per prescription	$30 per prescription
• Non-Formulary Brand Name Drugs[3, 4]	50% $45 min $100 max	50% $45 min $100 max
Mail Service Prescriptions (up to a 90-day supply)		
• Contraceptive Drugs and Devices[2]	$0 per prescription	Not Covered
• Formulary Generic Drugs	$30 per prescription	Not Covered
• Formulary Brand Name Drugs[3, 4]	$60 per prescription	Not Covered
• Non-Formulary Brand Name Drugs[3, 4]	50% $90 min $200 max	Not Covered
Specialty Pharmacies (up to a 30-day supply)[5]		
• Specialty Drugs[6]	20% (Up to $100 copayment maximum per prescription)	Not Covered

1 Amounts paid through copayments and any applicable brand-name drug deductible accrue to the member's medical calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar-year brand-name drug deductible. If a brand-name contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

3 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are available.

4 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

5 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Specialty Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield. Infused or Intravenous (IV) medications are not included as Specialty Drugs.

6 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
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3. Call Member Services at the number listed on your Blue Shield member ID card.

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- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A20298 (1/15) MP082714

Glossary

Not sure what it means?

Use this glossary as a handy reference to some common health benefit terms.

Brand-name drugs: FDA-approved drugs under patent to the original manufacturer and available only under the original manufacturer's branded name.

Calendar year: A period beginning at 12:01 a.m. on January 1 and ending at 12:01 a.m. of the next year.

Claim: A notification to your health plan that a service has been provided and payment is requested.

Coinsurance: A percentage of the cost for covered services that a member pays under the health plan after the deductible has been met.

Copayment: The dollar amount that a member is required to pay for certain benefits. Also called a "copay."

Emergency services: Services for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a layperson who possesses an average knowledge of health and medicine could reasonably assume that the absence of immediate medical attention could be expected to result in any of the following: placing the member's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Formulary: A comprehensive list of drugs maintained by Blue Shield's Pharmacy and Therapeutics Committee for use under the Blue Shield Prescription Drug Program, which is designed to assist physicians in prescribing drugs that are medically necessary and cost effective. The formulary is updated periodically. If not otherwise excluded, the formulary includes all generic drugs.

Generic drugs: Drugs that (1) are approved by the FDA as a therapeutic equivalent to the brand-name drug, (2) contain the same active ingredient as the brand-name drug, and (3) cost less than the brand-name drug equivalent.

Inpatient: An individual who has been admitted to a hospital as a registered bed patient, and is receiving services under the direction of a physician.

Non-formulary drugs: Drugs determined by the health plan as being duplicative or as having preferred formulary drug alternatives available. Benefits may be provided for non-formulary drugs and are always subject to the non-formulary copayment.

Outpatient: An individual receiving services but not as an inpatient.

Out-of-pocket maximum: Your maximum copayment responsibility each calendar year for covered services. However, copayments for a very small number of covered services do not apply to the annual out-of-pocket maximum, and you continue to be responsible for copayments for those services when the out-of-pocket maximum is reached.

Personal Physician (also known as a primary care physician): A general practitioner, family practitioner, internist, obstetrician/gynecologist, or pediatrician who has contracted with the plan as a Personal Physician to provide primary care to members and to refer, authorize, supervise, and coordinate the provision of all benefits to members in accordance with the agreement.

Preventive care: Medical services provided by a physician for the early detection of disease when no symptoms are present and for routine physical examinations, usually limited to one visit per calendar year for members age 18 and over.

Services: Includes medically necessary healthcare services and medically necessary supplies furnished incident to those services.

Language Assistance

Notice on the availability of language assistance services to accompany vital documents issued in English.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it.

You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.

(Spanish)

重要通知：您能讀懂這封信嗎？ 如果不能，我們可以請人幫您閱讀。

這封信也可以用您所講的語言書寫。 如需幫助，請立即撥打登列在您的Blue

Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話866-346-7198。

(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số 866-346-7198.
(Vietnamese)

Wellness discount program endnotes

1 These discount program services are not a covered benefit of Blue Shield of California, and none of the terms or conditions of the Blue Shield plans apply.

The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the *Evidence of Coverage and Disclosure* (EOC&D) and Policy. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

- **Alternative Care Discount Program** – American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.
- **Discount Provider Network and MESVisionOptics.com** – MESVision
- **Weight control** – Weight Watchers North America
- **Fitness facilities** – 24 Hour Fitness, ClubSport, and Renaissance ClubSport
- **LASIK** – QualSight, Inc. and NVISION Laser Eye Centers

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

2 The Discount Provider Network is available throughout California. Coverage in other states may be limited. Find participating providers by going to **blueshieldca.com/fap**.

3 Requires a prescription from your doctor or licensed optical professional.

Go with Blue Shield for a healthier you.

For more information, visit blueshieldca.com, download the Blue Shield of California Mobile app through the App Store or Google Play, or call your dedicated Blue Shield Member Services team at (800) 872-3941 from 7 a.m. to 7 p.m. PT, Monday through Friday.

Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number, and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, log in to **blueshieldca.com** and select *My Health Plan*. Click on *Download Forms* under "Tools" on the right side. Scroll down to "Release of information" and click on *Personal and Health Information Release*. If you don't have access to the Internet, or have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at **(888) 266-8080**.